

# 2010–2011 Insurance Open Enrollment

## State of Michigan – Civil Service Commission

### Annual Open Enrollment Begins August 1, 2010

The Open Enrollment period for State-Sponsored Group Insurance plans will be conducted from **August 1 through August 30, 2010**.

The annual Open Enrollment period is your opportunity to review your current enrollments and make any necessary changes. Changes can only be made during Open Enrollment or within 31 days of a qualifying life event (such as marriage or birth). Your current insurance coverage automatically continues into the next program year unless you request a change.

Eligible employees can enroll or change their current enrollments in health, dental, vision, life insurance and long-term disability plans. **Employees should also carefully review their current enrollments to ensure their dependents meet the eligibility criteria listed on page 4.** The effective date for new and changed enrollments will be **October 3, 2010**.



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### Important Notices

- The Patient Protection and Affordable Care Act (PPACA) of 2010 provides that children up to age 26 may be covered for health insurance, regardless of marital or student status, or dependency upon you for support. Your adult child must not have access to other employer-provided health insurance. Please see page 4 for eligibility criteria.
- New enrollments will not be accepted for the Total Health Care HMO for the 2010-2011 plan year. If you are currently enrolled in Total Health Care you may remain with that HMO.
- HIPAA Exemption Notice (page 6).

### Online Open Enrollment Completion & Information

Open Enrollment can be completed online by accessing your Self-Service account. Self-Service will enable you to view your current benefit selections, review benefit options, and make any necessary changes. More information regarding online enrollment can be found on page 3 of this brochure.

You can also view Open Enrollment information that is tailored specifically for you and your employment situation by logging into your MI HR Information account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click "MI HR Information." MI HR Information provides easy access to insurance rates, benefit comparison charts, benefit booklets, beneficiary forms, health provider websites, mailing addresses, telephone numbers, and more.



## Enrollment Assistance - MI HR Service Center

If you have Open Enrollment questions, do not have access to the Internet, or need assistance, please contact the MI HR Service Center. Customer service representatives are available from 7 a.m. to 6 p.m., Monday through Friday, except state holidays.

Toll free: (877) 766-6447  
Lansing area: (517) 335-0529  
Michigan Relay Center: 711 for hearing impaired  
Fax: (517) 241-5892  
<http://www.michigan.gov/selfserv>

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents, including your spouse, because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 31 days after your or your dependents' other coverage ends or after the employer stops contributing toward the other coverage.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP) and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible, not because of nonpayment. The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the MI HR Service Center at the above numbers.

## Open Enrollment Timeline

- 8/01/10:** Open Enrollment for State-Sponsored Group Insurances begins.
- Review current benefits in your Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv).
  - Review plan rates on pages 7-11. If you will be changing health plans, check to be sure that your doctors are participating providers.
  - Review current dependent coverage to ensure enrolled dependents meet eligibility criteria listed on page 4.
  - Make any changes to coverage and dependents.
  - Print and retain confirmation statement.
- 8/30/10:** Open Enrollment ends. All changes must be entered by close of business.
- 10/1/10:** If adding new dependents, proof of eligibility documentation must be provided to the MI HR Service Center. Dependents will be removed if documentation is not received by 10/1/2010.
- 10/3/10:** New rates and enrollment changes made during Open Enrollment take effect.
- 10/14/10:** **Review payroll earnings statement by logging into your Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) to verify changes.**

## Completing Open Enrollment in MI HR Self-Service

If you wish to make changes to your benefits during Open Enrollment, including adding or deleting dependents, log in to your Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click the “Self-Service” link. At the Welcome Page, click the “Open Enrollment” link on the left. Follow Steps 1-5 below to complete your enrollment.

Access to your account is available seven days a week via the Internet, except during regularly scheduled maintenance. The maintenance schedule is available to view on the MI HR Gateway page at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv). Click on “System Availability.” If you have lost or forgotten your MI HR Self-Service password, you can reset it at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv) by selecting the “Password Help” link, or by e-mailing Self-Serv-Support@michigan.gov.

If you do not have access to a computer, contact the MI HR Service Center toll-free at (877) 766-6447 or in the Lansing area at (517) 335-0529, or dial 711 for the Michigan Relay Center for hearing impaired to enroll by telephone Monday through Friday, from 7:00 a.m. to 6:00 p.m.

### Step 1: Review Your Current Benefits

Click the “Review Current Benefits” link from the left menu. If you do not need to add or remove a dependent and want to keep your current benefits, click the “Would you like to keep these benefits?” option at the bottom of the screen. This allows you to print a form of your current benefits. Your current insurance coverage automatically continues into the next program year unless you request a change. If you would like to make benefit changes, click on the link “Would you like to make changes?” Clicking on this link will take you to the Welcome Screen where you can begin the Open Enrollment process.

### Step 2: Review Plan Rates & Your FY 2010-2011 Benefit Options

Review plan rates outlined on pages 7-11, your benefit options, and the HMO Postal Code List for HMO availability at the Employee Benefits Website or click “Review Benefit Options” from the left menu. Please review any changes to the employee contributions.

### Step 3: Review/Add Dependents

If you do not have dependent changes, skip to Step 4.

To add dependents to your insurance coverage, their name and related information must first be up to date in your MI HR Self-Service account. To view, add, or change dependent information, click the “Review/Add Dependents or Adult Child” link from the left menu. Once the information is updated, proceed to Step 4.

### Step 4: Make Your Benefit Selections

Click the “Make Benefit Selections” link from the left menu.

Only dependents who meet the eligibility definition (see page 4) may be selected for coverage. If you add new dependents to your insurance coverage, you must send proof of eligibility (see page 5) to the MI HR Service Center by October 1, 2010 for the enrollment to be valid.

Adding or choosing to **not continue** coverage for dependents could require a coverage option change. “Change the Coverage” links appear on-screen at the appropriate points during the benefit selection process.

To conclude the enrollment process, you will be prompted to print a confirmation statement. You must select either “Yes” or “No” and receive the “Your enrollment has been successful” message to save your changes. Changes will not be recorded if you exit the system before receiving this message. Please note that this will be the only confirmation statement you will receive. The effective date for new enrollments and enrollment changes is October 3, 2010.

### Step 5: Mail or Fax Documents to the MI HR Service Center

If you add new dependents to your insurance coverage, you must mail or fax the appropriate proof of eligibility documentation to the MI HR Service Center by October 1, 2010 for the enrollment to be valid. See page 5 for a list of valid documents or click the “Submit Documentation” link from the left menu. Please submit copies of your documentation as originals will not be returned.

## Dependent and Adult Children Eligibility Guidelines

### Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans. Dependents include your spouse and any of your unmarried children until the day before they turn 19. In addition to being unmarried, children must meet the following conditions to be considered eligible:

- Your child by birth, legal adoption or legal guardianship.
- In the case of legal adoption, a child is eligible for coverage as of the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child in anticipation.
- Step-child(ren) are eligible for health coverage. To receive dental and vision coverage, a step-child must live with the employee at least 50% of the time and the employee must provide at least 50% of the child's support.
- Foster child(ren) placed in your home by a State agency or the court.
- Your child(ren) from the age of 19 until the age of 25 who are enrolled in an accredited educational institution and for whom you provide at least 50% of their support. If such an enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, coverage will not be discontinued during the first year of the absence, unless the dependent turns 25.

Eligible dependents are unmarried children between the ages of 14 days and 23 years for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if he or she is not a State employee or State retiree.

### Dependent Life Insurance

### Eligible Adult Children (Health Only)

Under recent changes to federal law, eligible children up to age 26 may be enrolled in your health coverage, regardless of marital or student status or dependency upon you for support. Coverage does not extend to dental or vision plans or to his or her spouse or children. To be eligible for health coverage, your adult child must not have access to other employer-provided health insurance and must meet one of the following criteria:

- Your child(ren) by birth, legal adoption, or legal guardianship.
- Step-child(ren).
- Foster child(ren) placed in your home by a State agency or the court.

Note: if you were hired on or after April 1, 2010 and wish to add an adult child to your coverage, please contact the MI HR Service Center for additional information on eligibility.

If you and your spouse are both covered by State Sponsored Health Plans (retiree or active, including State Sponsored HMO options) you may:

- Maintain separate coverage through your individual plans.
- Enroll in one plan, with one of you listed as a dependent.

If you choose to maintain separate coverage, your child(ren) can only be listed as a dependent on one plan, not both. This applies even if you are divorced.

### Dual Eligibility

### Dependent Exclusions

You cannot claim a dependent on your coverage if he or she is:

- In the Armed Forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective the date of active duty orders.
- Already covered on another State of Michigan health plan. No person can be covered on more than one State of Michigan health plan. If you choose to maintain separate coverage, your child(ren) can only be listed on one plan, not both. This applies even if you are divorced.

Incapacitated children are those who are unable to earn a living because of mental retardation or physical disability and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will continue beyond age 19 as long as:

- He or she became incapacitated before age 19,
- Documentation verifying the child's condition was provided to the insurance carrier prior to the child becoming 19,
- The child continues to be incapacitated, and
- Your coverage does not terminate for any other reason.

### Continuing Coverage for Incapacitated Children

### Canceling Dependent or Adult Child Coverage

You must immediately notify the MI HR Service Center to cancel your dependent or adult child coverage when he or she no longer meets the definition of an eligible dependent or adult child. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

## Required Documentation for Dependents and Adult Children

The documents listed below can be used to prove dependent or adult child eligibility for insurance coverage. **Copies** of the documentation must be mailed or faxed to the MI HR Service Center by October 1, 2010 as they will not be returned to you.

### A. Required Documentation for Dependents (Health, Dental, and Vision Coverage)

Specific Circumstance	Required Documentation
Spouse	Copy of marriage certificate*
Biological child	Copy of an official birth certificate (not hospital birth certificate)*
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement*
Legal guardianship	Copy of guardianship papers*
Dependent child has a baby	Copy of an official birth certificate (not hospital birth certificate)*
Foster child	Court document placing the child in the employee's home for foster care*
Step-child	Copy of an official birth certificate (not hospital birth certificate)* and a copy of the marriage certificate (if not previously provided to obtain spouse coverage). If dental and vision coverage is sought, a copy of the first and last pages of the most current divorce decree of the employee's spouse stamped by the court and any language verifying physical custody is also required.
Dependent student child aged 19 to 25	In addition to required documentation establishing the child relationship, a completed <a href="#">Verification of Dependent Eligibility (CS-1771) Form</a> * and a copy of school registration or other records proving school attendance.

### B. Required Documentation for Adult Children to Age 26 (Health Coverage Only)

Specific Circumstance	Required Documentation
Biological child	Copy of an official birth certificate (not hospital birth certificate)*
Step-child	Copy of an official birth certificate (not hospital birth certificate)* and a copy of a marriage certificate (if not previously provided to obtain spouse coverage)
Legally adopted or pending adoption	Copy of adoption papers or sworn statement with the date of placement*
Legal guardianship	Copy of guardianship papers*

In addition to the required documentation above, a signed [Certification of Eligibility \(CS-1823\) Form](#) attesting that child does not have access to other employer-provided health insurance is required. **Note:** If you were hired on or after April 1, 2010, please contact the MI HR Service Center for additional information about eligibility for enrollment of adult children in the New Hire State Health Plan PPO or New Hire HMO offerings.

### C. Required Documentation for Other Circumstances

Specific Circumstance	Required Documentation
Removing ex-spouse, dependent/step-child(ren) due to a divorce	Copy of the first and last page of the divorce decree stamped by the court*
Incapacitated dependent child	No documentation is required for children who have already been approved. Refer to page 4 if not approved.
Deleting dependent coverage due to death	Copy of death certificate*
Dependent life insurance coverage only	Copy of official birth certificate (not hospital birth certificate)*

\* Call the MI HR Service Center to add eligible dependents as soon as possible after a life event, but no later than 31 days of the life event. Do not wait until you have the official birth certificate, adoption order, etc. For more information, please see the Benefits Summary Brochure online at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits)

If you have any questions on documentation requirements, contact the MI HR Service Center at: Toll-free (877) 766-6447, Lansing area (517) 335-0529, or dial 711 for Michigan Relay Center.

[www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits)



## HIPAA Exemption Notice

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The State of Michigan has elected to exempt the State of Michigan State Health Plan PPO and the New Hire State Health Plan PPO from the following requirements:

Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these federal requirements will be in effect for the 2010 period of plan coverage beginning October 3, 2010 and ending October 1, 2011. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a pre-existing condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.



## HIPAA Privacy Notice

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission Website at:

[http://www.michigan.gov/documents/HIPAA\\_Plans\\_Privacy\\_Notice\\_61312\\_7.pdf](http://www.michigan.gov/documents/HIPAA_Plans_Privacy_Notice_61312_7.pdf)

You may also contact the Employee Benefits Division at:  
 (800) 505-5011 or (517) 373-7977  
 Michigan Relay Center: 711 for hearing impaired

**Civil Service Commission, Employee Benefits Division**  
**FY 2010-2011 GROUP INSURANCE PREMIUM RATES FOR THE STATE HEALTH PLAN PPO AND HMOs**  
**FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010 (Except T01)**  
**Effective October 3, 2010**

**Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click on “Open Enrollment Information”.**

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>HEALTH PLANS</b>					
<b>State Health Plan PPO</b>	1	\$ 27.47	\$ 247.20	\$ 137.33	\$ 137.34
	2	\$ 54.93	\$ 494.40	\$ 274.66	\$ 274.67
	3	\$ 48.34	\$ 435.07	\$ 241.70	\$ 241.71
	4	\$ 75.81	\$ 682.27	\$ 379.04	\$ 379.04
Employee or Spouse with Medicare (State pays 100%)					
<b>Catastrophic Health Plan (State pays 100%)</b>	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 14, 2010.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
<b>Decline Health Insurance Coverage *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>Blue Care Network, Mid-Michigan</b>	1	\$ 12.79	\$ 242.98	\$ 127.88	\$ 127.89
	2	\$ 25.58	\$ 485.96	\$ 255.77	\$ 255.77
	3	\$ 22.51	\$ 427.64	\$ 225.07	\$ 225.08
	4	\$ 35.30	\$ 670.62	\$ 352.96	\$ 352.96
<b>Blue Care Network, East Michigan</b>	1	\$ 12.60	\$ 239.44	\$ 126.02	\$ 126.02
	2	\$ 25.20	\$ 478.89	\$ 252.04	\$ 252.05
	3	\$ 22.18	\$ 421.42	\$ 221.80	\$ 221.80
	4	\$ 34.78	\$ 660.86	\$ 347.82	\$ 347.82
<b>Blue Care Network, Great Lakes West</b>	1	\$ 12.99	\$ 246.87	\$ 129.93	\$ 129.93
	2	\$ 25.99	\$ 493.72	\$ 259.85	\$ 259.86
	3	\$ 22.87	\$ 434.48	\$ 228.67	\$ 228.68
	4	\$ 35.86	\$ 681.34	\$ 358.60	\$ 358.60
<b>Blue Care Network, Southeast Michigan</b>	1	\$ 12.45	\$ 236.59	\$ 124.52	\$ 124.52
	2	\$ 24.90	\$ 473.17	\$ 249.03	\$ 249.04
	3	\$ 21.92	\$ 416.38	\$ 219.15	\$ 219.15
	4	\$ 34.37	\$ 652.97	\$ 343.67	\$ 343.67
<b>Grand Valley Health Plan</b>	1	\$ 11.90	\$ 226.02	\$ 118.96	\$ 118.96
This HMO is not authorized to accept employees in bargaining units	2	\$ 23.79	\$ 452.05	\$ 237.92	\$ 237.92
W22 and W41 (UAW) as new members. However, employees who	3	\$ 20.94	\$ 397.80	\$ 209.37	\$ 209.37
are already enrolled may remain enrolled.	4	\$ 32.83	\$ 623.82	\$ 328.32	\$ 328.33
<b>Health Alliance Plan</b>	1	\$ 11.60	\$ 220.42	\$ 116.01	\$ 116.01
	2	\$ 23.30	\$ 442.74	\$ 233.02	\$ 233.02
	3	\$ 20.49	\$ 389.39	\$ 204.94	\$ 204.94
	4	\$ 32.19	\$ 611.70	\$ 321.94	\$ 321.95
<b>HealthPlus of Michigan</b>	1	\$ 12.29	\$ 233.61	\$ 122.95	\$ 122.95
This HMO is not authorized to accept employees in bargaining units	2	\$ 24.59	\$ 467.20	\$ 245.89	\$ 245.90
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 21.64	\$ 411.14	\$ 216.39	\$ 216.39
	4	\$ 33.93	\$ 644.74	\$ 339.33	\$ 339.34

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 Employees who opt out of health coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

**Civil Service Commission, Employee Benefits Division**  
**FY 2010-2011 GROUP INSURANCE PREMIUM RATES FOR THE STATE HEALTH PLAN PPO AND HMOs**  
**FOR EMPLOYEES HIRED PRIOR TO APRIL 1, 2010 (Except T01)**  
**Effective October 3, 2010**

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>McLaren Health Plan</b>	1	\$ 10.59	\$ 201.24	\$ 105.91	\$ 105.92
This HMO is not authorized to accept employees in bargaining units	2	\$ 21.18	\$ 402.48	\$ 211.83	\$ 211.83
W22 and W41 (UAW) as new members.	3	\$ 18.64	\$ 354.18	\$ 186.41	\$ 186.41
	4	\$ 29.23	\$ 555.42	\$ 292.32	\$ 292.33
<b>Physicians Health Plan of Mid-Michigan (Lansing)</b>	1	\$ 12.50	\$ 237.41	\$ 124.95	\$ 124.96
	2	\$ 24.99	\$ 474.83	\$ 249.91	\$ 249.91
	3	\$ 21.99	\$ 417.85	\$ 219.92	\$ 219.92
	4	\$ 34.49	\$ 655.26	\$ 344.87	\$ 344.88
<b>Priority Health Plan, West</b>	1	\$ 12.10	\$ 229.86	\$ 120.98	\$ 120.98
	2	\$ 24.20	\$ 459.71	\$ 241.95	\$ 241.96
	3	\$ 21.29	\$ 404.55	\$ 212.92	\$ 212.92
	4	\$ 33.39	\$ 634.41	\$ 333.90	\$ 333.90
<b>Priority Health Plan, East</b>	1	\$ 12.10	\$ 229.86	\$ 120.98	\$ 120.98
This HMO is not authorized to accept employees in bargaining units	2	\$ 24.20	\$ 459.71	\$ 241.95	\$ 241.96
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 21.29	\$ 404.55	\$ 212.92	\$ 212.92
	4	\$ 33.39	\$ 634.41	\$ 333.90	\$ 333.90
<b>Priority Health Plan, South</b>	1	\$ 12.10	\$ 229.86	\$ 120.98	\$ 120.98
	2	\$ 24.20	\$ 459.71	\$ 241.95	\$ 241.96
	3	\$ 21.29	\$ 404.55	\$ 212.92	\$ 212.92
	4	\$ 33.39	\$ 634.41	\$ 333.90	\$ 333.90
<b>Total Health Care</b>	1	\$ 7.95	\$ 151.09	\$ 79.52	\$ 79.52
This HMO is not authorized to accept new members.	2	\$ 18.29	\$ 347.49	\$ 182.89	\$ 182.89
However, employees who are already enrolled may remain enrolled.	3	\$ 15.11	\$ 287.06	\$ 151.08	\$ 151.08
	4	\$ 21.47	\$ 407.93	\$ 214.70	\$ 214.70
<b>VISION PLANS</b>					
<b>State Vision Plan</b> (State pays 100%)	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
<b>Decline Vision Insurance</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>DENTAL PLANS</b>					
<b>State Dental Plan</b>	1	\$ 1.08	\$ 20.48	\$ 10.78	\$ 10.78
	2	\$ 1.97	\$ 37.38	\$ 19.67	\$ 19.67
	3	\$ 2.40	\$ 45.52	\$ 23.96	\$ 23.96
	4	\$ 3.28	\$ 62.36	\$ 32.82	\$ 32.82
<b>Preventive Dental Plan</b> (State pays 100%)	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on October 28, 2010.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
<b>Midwestern Dental Plan (DMO)</b> (State pays 100%)	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
<b>Decline Dental Insurance *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.



## Civil Service Commission, Employee Benefits Division

FY 2010-2011 GROUP INSURANCE PREMIUM RATES FOR THE NEW HIRE STATE HEALTH PLAN PPO (NSHP PPO)  
AND NEW HIRE HMOs (NHMO) FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010 (except T01)

Effective October 3, 2010

Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click on “Open Enrollment Information”.

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>HEALTH PLANS</b>					
<b>New Hire State Health Plan PPO</b>	1	\$ 48.65	\$ 194.62	\$ 121.63	\$ 121.64
	2	\$ 97.31	\$ 389.24	\$ 243.27	\$ 243.28
	3	\$ 85.63	\$ 342.53	\$ 214.08	\$ 214.08
	4	\$ 134.29	\$ 537.15	\$ 335.72	\$ 335.72
Employee or Spouse with Medicare (State pays 100%)					
<b>Catastrophic Health Plan (State pays 100%)</b>	1	\$ 0	\$ 15.81	\$ 7.91	\$ 7.91
Employees in the Catastrophic Health Plan will receive a	2	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
\$50 rebate with each paycheck beginning October 14, 2010.	3	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
	4	\$ 0	\$ 31.62	\$ 15.81	\$ 15.81
<b>Decline Health Insurance Coverage *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)
<b>New Hire Blue Care Network, Mid-Michigan</b>	1	\$ 35.47	\$ 194.62	\$ 115.04	\$ 115.05
	2	\$ 70.93	\$ 389.24	\$ 230.08	\$ 230.09
	3	\$ 62.42	\$ 342.53	\$ 202.47	\$ 202.48
	4	\$ 97.89	\$ 537.15	\$ 317.52	\$ 317.52
<b>New Hire Blue Care Network, East Michigan</b>	1	\$ 34.09	\$ 193.19	\$ 113.64	\$ 113.64
	2	\$ 68.18	\$ 386.38	\$ 227.28	\$ 227.28
	3	\$ 60.00	\$ 340.01	\$ 200.00	\$ 200.01
	4	\$ 94.09	\$ 533.20	\$ 313.64	\$ 313.65
<b>New Hire Blue Care Network, Great Lakes West</b>	1	\$ 38.41	\$ 194.62	\$ 116.51	\$ 116.52
	2	\$ 76.81	\$ 389.24	\$ 233.02	\$ 233.03
	3	\$ 67.59	\$ 342.53	\$ 205.06	\$ 205.06
	4	\$ 106.00	\$ 537.15	\$ 321.57	\$ 321.58
<b>New Hire Blue Care Network, Southeast Michigan</b>	1	\$ 33.71	\$ 191.00	\$ 112.35	\$ 112.36
	2	\$ 67.41	\$ 382.01	\$ 224.71	\$ 224.71
	3	\$ 59.32	\$ 336.17	\$ 197.74	\$ 197.75
	4	\$ 93.03	\$ 527.17	\$ 310.10	\$ 310.10
<b>New Hire Grand Valley Health Plan</b>	1	\$ 32.45	\$ 183.91	\$ 108.18	\$ 108.18
This HMO is not authorized to accept employees in bargaining units	2	\$ 64.91	\$ 367.80	\$ 216.35	\$ 216.36
W22 and W41 (UAW) as new members. However, employees who	3	\$ 57.12	\$ 323.67	\$ 190.39	\$ 190.40
are already enrolled may remain enrolled.	4	\$ 89.57	\$ 507.57	\$ 298.57	\$ 298.57
<b>New Hire Health Alliance Plan</b>	1	\$ 29.61	\$ 167.79	\$ 98.70	\$ 98.70
	2	\$ 59.48	\$ 337.03	\$ 198.25	\$ 198.26
	3	\$ 52.31	\$ 296.41	\$ 174.36	\$ 174.36
	4	\$ 82.17	\$ 465.66	\$ 273.91	\$ 273.92
<b>New Hire HealthPlus of Michigan</b>	1	\$ 33.62	\$ 190.51	\$ 112.06	\$ 112.07
This HMO is not authorized to accept employees in bargaining units	2	\$ 67.24	\$ 381.03	\$ 224.13	\$ 224.14
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 59.17	\$ 335.31	\$ 197.24	\$ 197.24
	4	\$ 92.79	\$ 525.82	\$ 309.30	\$ 309.31

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 Employees who opt out of health coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

**Civil Service Commission, Employee Benefits Division**

**FY 2010-2011 GROUP INSURANCE PREMIUM RATES FOR THE NEW HIRE STATE HEALTH PLAN PPO (NSHP PPO)  
AND NEW HIRE HMOs (NHMO) FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010 (except T01)**

**Effective October 3, 2010**

PLAN NAME/CODE	Option *2	BIWEEKLY		BIWEEKLY *1	
		Employee	State	Part-time employees	
				Employee	State
	(a)	(b)	(c)	(d)	(e)
<b>New Hire McLaren Health Plan</b>	1	\$ 26.27	\$ 148.86	\$ 87.56	\$ 87.57
This HMO is not authorized to accept employees in bargaining units	2	\$ 52.54	\$ 297.71	\$ 175.12	\$ 175.13
W22 and W41 (UAW) as new members.	3	\$ 46.23	\$ 261.99	\$ 154.11	\$ 154.11
	4	\$ 72.50	\$ 410.85	\$ 241.67	\$ 241.68
<b>New Hire Physicians Health Plan of Mid-Michigan (Lansing)</b>	1	\$ 28.88	\$ 163.66	\$ 96.27	\$ 96.27
	2	\$ 57.76	\$ 327.32	\$ 192.54	\$ 192.54
	3	\$ 50.83	\$ 288.04	\$ 169.43	\$ 169.44
	4	\$ 79.71	\$ 451.69	\$ 265.70	\$ 265.70
<b>New Hire Priority Health Plan, West</b>	1	\$ 30.71	\$ 174.02	\$ 102.36	\$ 102.37
	2	\$ 61.42	\$ 348.05	\$ 204.73	\$ 204.74
	3	\$ 54.05	\$ 306.28	\$ 180.16	\$ 180.17
	4	\$ 84.76	\$ 480.31	\$ 282.53	\$ 282.54
<b>New Hire Priority Health Plan, East</b>	1	\$ 30.71	\$ 174.02	\$ 102.36	\$ 102.37
This HMO is not authorized to accept employees in bargaining units	2	\$ 61.42	\$ 348.05	\$ 204.73	\$ 204.74
W22 and W41 (UAW) in some zip codes as new members.	3	\$ 54.05	\$ 306.28	\$ 180.16	\$ 180.17
	4	\$ 84.76	\$ 480.31	\$ 282.53	\$ 282.54
<b>New Hire Priority Health Plan, South</b>	1	\$ 30.71	\$ 174.02	\$ 102.36	\$ 102.37
	2	\$ 61.42	\$ 348.05	\$ 204.73	\$ 204.74
	3	\$ 54.05	\$ 306.28	\$ 180.16	\$ 180.17
	4	\$ 84.76	\$ 480.31	\$ 282.53	\$ 282.54
<b>VISION PLANS</b>					
<b>State Vision Plan</b> (State pays 100%)	1	\$ 0	\$ 2.80	\$ 1.40	\$ 1.40
	2	\$ 0	\$ 4.93	\$ 2.46	\$ 2.46
	3	\$ 0	\$ 6.02	\$ 3.01	\$ 3.01
	4	\$ 0	\$ 8.16	\$ 4.08	\$ 4.08
<b>Decline Vision Insurance</b>					
<b>DENTAL PLANS</b>					
<b>State Dental Plan</b>	1	\$ 1.08	\$ 20.48	\$ 10.78	\$ 10.78
	2	\$ 1.97	\$ 37.38	\$ 19.67	\$ 19.67
	3	\$ 2.40	\$ 45.52	\$ 23.96	\$ 23.96
	4	\$ 3.28	\$ 62.36	\$ 32.82	\$ 32.82
<b>Preventive Dental Plan</b> (State pays 100%)	1	\$ 0	\$ 2.99	\$ 1.50	\$ 1.50
Employees in the Preventive Dental plan will receive	2	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
a \$100.00 lump sum payment on October 28, 2010.	3	\$ 0	\$ 5.21	\$ 2.61	\$ 2.61
	4	\$ 0	\$ 7.42	\$ 3.71	\$ 3.71
<b>Midwestern Dental Plan (DMO)</b> (State pays 100%)	1	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	2	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	3	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
	4	\$ 0	\$ 15.99	\$ 8.00	\$ 8.00
<b>Decline Dental Insurance *3</b>	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)

\*1 Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

\*2 Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

\*3 Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

**Civil Service Commission, Employee Benefits Division**  
**FY 2010-2011 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE—ALL EMPLOYEES**  
**Effective October 3, 2010**

PLAN NAME/CODE		BIWEEKLY	
	Option	Employee	State
	(a)	(b)	(c)
LIFE INSURANCE PLANS			
Dependent Life Options			
Spouse \$1,500 and/or Child(ren) \$1,000	F	\$ .20	0
Spouse \$5,000 and/or Child(ren) \$2,500	G	\$ .60	0
Spouse \$10,000 and/or Child(ren) \$5,000	H	\$ 1.20	0
Spouse \$25,000 and/or Child(ren) \$10,000	K	\$ 4.00	0
Child(ren) Only \$10,000	L	\$ .75	0
Employee Life Options			
The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.			
The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 14, 2010.			

**Office of the State Employer, Employee Health Management**  
**FY 2010-2011 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES**  
**Rates per \$100 of Earnings\***  
**Effective October 3, 2010**

PLAN NAME/CODE	Status (a)	Employee (b)	State (c)
<b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.08	\$ .92
YIA1: 184-527 hours sick leave	Plan IIA	\$ .53	\$ .92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.74	\$ .92
<b>Employees represented by bargaining units W22 and W41 (UAW)</b>			
YIA0: Less than 184 hours sick leave	Plan I	\$ 2.13	\$ .92
YIA1: 184-527 hours sick leave	Plan IIA	\$ .58	\$ .92
YIA2: 528 hours or more sick leave	Plan IIB	\$ 0	\$ .92
YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave	Plan IIC	\$ 1.79	\$ .92
<b>Calculation of Employee Contribution:</b> Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC)			

\*Benefits are subject to maximums in the LTD booklet.

## State Sponsored Group Insurance Plan Benefit Administrators as of July 1, 2010

<b>STATE HEALTH PLAN PPO (Includes NEW HIRE)</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>	<b>STATE CATASTROPHIC HEALTH PLAN</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>
<b>MANAGED PHARMACY/MAIL SERVICE PRESCRIPTION DRUG PROGRAM</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>	<b>STATE VISION PLAN</b> BCBSM State of Michigan Service Center (800) 843-4876 <a href="http://www.bcbsm.com">www.bcbsm.com</a>
<b>MENTAL HEALTH/ SUBSTANCE ABUSE SERVICES</b> Magellan Behavioral of Michigan (866) 503-3158 <a href="http://www.magellanassist.com">www.magellanassist.com</a>	<b>STATE DENTAL PLAN and PREVENTIVE DENTAL PLAN</b> Delta Dental Plan of Michigan (800) 524-0150 <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>
<b>STATE LONG TERM DISABILITY (LTD) PLAN</b> Citizens Management, Inc. (800) 324-9901	<b>DENTAL MAINTENANCE ORGANIZATION (DMO)</b> Midwestern Dental Plans, Inc. (800) 544-6374 <a href="http://www.midwesterndental.com">www.midwesterndental.com</a>

## Health Maintenance Organizations (HMOs) And New Hire HMOs

<b>Blue Care Network, East Blue Care Network, Great Lakes West Blue Care Network, Mid-Michigan Blue Care Network, Southeast</b> (800) 662-6667 <a href="http://www.mibcn.com">www.mibcn.com</a>	<b>McLaren Health Plan</b> (888) 327-0671 <a href="http://www.mclarenhealthplan.org">www.mclarenhealthplan.org</a>
The Open Enrollment hotline is (800) 470-9633. (Available only during Open Enrollment period.)	<b>Physicians Health Plan of Mid-Michigan (Lansing)</b> (517) 364-8500 or (800) 832-9186 <a href="http://www.phpmm.org">www.phpmm.org</a>
<b>Grand Valley Health Plan</b> (800) 335-1977 (616) 949-2410 <a href="http://www.gvhp.com">www.gvhp.com</a>	<b>Priority Health, West Priority Health, East Priority Health, South</b> (800) 446-5674 <a href="http://www.priority-health.com">www.priority-health.com</a>
<b>Health Alliance Plan</b> (800) 422-4641 <a href="http://www.hap.org">www.hap.org</a>	<b>Total Health Care</b> (313) 871-2000 or (800) 826-2862 <a href="http://www.totalhealthcareonline.com">www.totalhealthcareonline.com</a>
<b>HealthPlus of Michigan (Flint) (800) 332-9161 (Saginaw) (800) 942-8816</b> <a href="http://www.healthplus.com">www.healthplus.com</a>	